MAXIMUS Federal Services

Case Number:	CM14-0121158		
Date Assigned:	08/06/2014	Date of Injury:	08/24/2005
Decision Date:	10/01/2014	UR Denial Date:	07/22/2014
Priority:	Standard	Application Received:	07/31/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in Nevada. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The records presented for review indicate that this at the 59 year-old individual was reportedly injured on August 24, 2005. The mechanism of injury is not listed in the records reviewed. The most recent progress note, dated July 8, 2014 indicates that there are ongoing complaints of low back and knee pain. The physical examination demonstrated a 5'8", 246 pound individual who is normotensive (128/74). The injured employee is noted to be in no acute distress. The physical examination is unchanged a decreased range of motion and arthritic changes in the right knee. Diagnostic imaging studies were not presented for review. Previous treatment includes medications, physical therapy, and pain management interventions. A request had been made for pool therapy and was not certified in the pre-authorization process on July 22, 2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Eight Pool Therapy Sessions: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Aquatic Therapy Page(s): 22.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 8 C.C.R. 9792.20 - 9792.26; MTUS (Effective July 18, 2009) Page(s): 22 of 127.

Decision rationale: As noted in the MTUS, this is an optional form of exercise therapy and as an alternative to land-based physical therapy. However, land based physical therapy protocols have been completed and is no indication why there has not been a transition to home exercise protocol. As such, based on the limited clinical information presented for review tempered by the parameters noted in the MTUS there is no medical necessity for aquatic therapy. Therefore, the request for eight pool therapy sessions is not medically necessary or appropriate.